

## **CRA Overview and Demonstration Webinar**

**September 21, 2010**

**2:00 pm CT**

Coordinator: Welcome and thank you for standing by. Currently all participants are on listen-only for the presentation. At the time of the question and answer session, you'll be prompted to press Star then 1 to ask your question.

Today's call is being recorded. If anyone objects, they may disconnect. I'd like to turn the conference over to Ben Erickson. Sir you may begin.

Ben Erickson: **[Title Slide]** Thank you very much. Good afternoon everyone. Thank you all for attending today's webinar. As you can see my name is Ben Erickson, the Public Health Analyst for the Program Preparedness Branch for the Division's Strategic National Stockpile.

**[Slide 2]** I'm here today with Barbara Nichols who's the Project Lead for Countermeasure Tracking Systems. And today we're going to go over a general overview of the system or the Countermeasure Response and Administration system.

We're going to show the system's different capabilities and discuss how CRA can support and link with the inventory management system that we're currently in development in.

**[Slide 3]** And we're going to go through the background of CRA in the tracking system, the system features and specifically what it's capable of doing. And then

we're going to turn it over to a system demonstration to show you how it looks and how it works.

And then again, at the end, we'll have time for questions and any type of comments you may have.

Right now I'd like to hand it over to Barbara Nichols, as I said, the Project Lead for the CTS Program. And, if you have any questions, again, please wait until the end.

Barbara Nichols: Thank you Ben. On behalf of the Countermeasure Tracking Systems team, I'd like to welcome all of you to the call.

**[Slide 4]** I'm going to start off with a couple of definitions of terms that we'll be using during this presentation. Many of you will be familiar with these terms. But for those of you who may be new or listening in, we'd like to go over just a couple of things.

A countermeasure is an intervention taken to help prevent and/or slow the spread of disease. Countermeasures may include medical interventions such as vaccinations, pharmaceuticals, and non-medical interventions such as patient isolation and quarantine.

An event is a public health program's emergency responses that require the administration of countermeasures.

**[Slide 5]** The Countermeasure and Response Administration System has its genesis in the Pre-Event Vaccination System, PVS, which was used for the national smallpox vaccination campaign.

Countermeasure and Response Administration system, CRA, supports mass tracking events during an event. It tracks both detail-level, person-level, and aggregate counts of countermeasures. CRA has evolved to support any countermeasure for any event.

This includes medical interventions such as vaccines and pharmaceuticals and non-medical interventions such as patient isolation, quarantine, scarce medical equipment, and social assistance measures.

**[Slide 6]** We're going to talk a little bit about the uses of CRA during the past H1N1 event. It was used in two ways during this event. Number one, to monitor and collect data on the H1N1 vaccine doses administered, and two, also to collect data on inventory levels and medical countermeasure use.

**[Slide 7]** For the first CRA usage, the doses administered event, you may ask why we monitor the doses administered. There is a National Strategy for Pandemic Influenza: Implementation Plan. And this plan calls for the monitoring of appropriate use of scarce pandemic influenza vaccine.

For the H1N1 event, CRA was used to track and monitor H1N1 doses administered during initial weeks of the vaccine program of the H1N1 vaccine program. To accomplish this, project areas tracked vaccine doses administered, collected an aggregated minimum data element and transmitted the information weekly to CDC.

**[Slide 8]** We have three options or multiple ways for states and partners to report the information to CDC. Our Option One is the data exchange option. And this is where states will enter the data into their immunization information system or another equivalent application. And this data is then extracted either in a pipe delimited file, an XML file or by HL7.

And then it's securely transferred to CDC, via CRA or PHINMS and loaded into CRA for reporting.

The second option is a direct web entry where aggregate data is entered into CRA via the web-based aggregate reporting interface. And this data is then available in CRA for reporting.

And the third, Option Three, is individual-level data entry where individual data is level data is entered into CRA via the web-based flexible treatment interface. This data are then aggregated by CRA and available for reporting.

At this time I'd like to turn it back over to Ben to talk about the second use of CRA during the H1N1 event which was for the Medical Countermeasure Situation report.

Ben Erickson: **[Slide 9]** Thank you Barbara. As everyone remembers, the Medical Countermeasure Situation report was used to collect H1N1 data specifically inventory numbers and where the distribution of anti virals was going out through the different project areas.

The purpose was a single standardized collection tool to minimize reporting burdens for multiple federal departments and agencies. The different parts of the Medical Countermeasure Situation report was based on questions that were of interest to the national leaders since the outbreak of the H1N1 was the spring 2009.

CRA had the ability to integrate with existing inventory management systems at the state and local level. The purpose was to collect the data and notify leaders of

inventory levels and current medical countermeasure usage. We were using it to monitor ongoing nationwide supply and demand.

**[Slide 10]** And it was also used to inform future actions on the point, Strategic National Stockpile asset. The information gathered from this tool provided visibility on the current anti viral, personal protective equipment at the state and regional RSS level and the local areas, the distribution event of anti virals and PPE regimens shipped per local area, any shortages of anti viral regimens and PPE underneath the 24-hour period and anti viral regimens dispensed to certain high risk groups.

The data from multiple sources form a complete picture from the state, regional local data that was combined to enter into CRA. The commercial drug supplies reported data into the countermeasure supply chain dashboard and the data from both systems was consolidated and summarized within the dashboard forming a nationwide inventory picture.

Next, I'd like to introduce Ulrica who would like to give a brief demonstration of the CRA system.

Ulrica Andujar: **[Slide 11]** Okay thanks a lot Ben. So before we get into the demonstration, I'd just like to mention a couple of the major features of the CRA system. We will be demonstrating rapid data entry today. Barb has just mentioned the aggregate reporting feature. And we also have additional functionality within the system such as importing of lists of patients and organizations.

We also have the ability to create custom fields or user-defined fields to support form customization for your local data entry forms that you may be using. And we also support offline deployment and synchronization of data back to the CRA production site.

So in the event that your project area or jurisdiction does not have access to the Internet and maybe you'd like to deploy a version of the application to your local laptop and operate in a disconnected mode. And then connect back and synchronize that data.

And of course, in the area of reporting, we have data extract as well as data reports that are available to project areas and users of the system.

**[Slide 12]** So as you'll notice here, this is a MMWR article that was published this summer in regards to the gastrointestinal anthrax case in New Hampshire last December.

And the reason that this is relevant to this presentation and to CRA is because New Hampshire had actually initiated setting up an event within the CRA system to track countermeasures that would dispense and were going to be made available to those in attendance at that drumming event.

So actually at the beginning of this year, we were contacted for assistance after the initial setup with getting that prepared. So again, this is just one way to demonstrate how the system is useful not only in a national response but also project areas that have access to the system can also use the system to track countermeasures for any project area-specific events or local events.

**[Slide 13]** This MMWR article and the New Hampshire anthrax event was also relevant because in 2007 CRA participated onsite in an anthrax exercise and was offline. CRA was used at a point of dispensing. And so the scenario there was an outbreak in a stadium and it affected the population within the Rochester, New Hampshire area.

The scope of the attack was a known POD. A treatment center was setup and then emergency antibiotics were requested from SNS. And then of course they opened their POD and began treating patients.

**[Slide 14]** So again, that's the scenario that we're going to use for this demonstration to show some of those features I just mentioned, rapid data entry, etc.

So in addition to rapid data entry, we're also going to show reporting and adverse events, form customization, the import feature and generating a report.

And so with that, I'm going to switch over to the CRA system. Please bear with me one second as I flip screens. Okay, there we go.

So, I'm going to first login as a data entry specialist. And there are two primary roles within the CRA system, the data entry specialist and the public health administrator. And what you'll notice once I login and show both of these user types, the access is role-based. So it depends on the type of user you are as to the functionality that is available to you within CRA.

So I've logged in as a data entry specialist. And you'll notice here at the top left of this screen my name displays as well as my user role. This is the CRA landing page and on the left-hand side of the screen are the functional areas with the activity areas that are available to the data entry specialist.

So once I login as a public health administrator, you'll notice that there are a significantly larger number of tasks that are associated. But again, as a data entry specialist, I only have access to a limited list of activities.

So the primary role of the data entry specialist is to enter patients or clients into the system. And I will do that now by going to data collection and add patient countermeasures.

So another feature of the system is that users are assigned to a jurisdiction or a project area. And as a data entry specialist, you're assigned to a specific organization or multiple organizations. So you'll notice that in my jurisdiction, it automatically defaults to New Hampshire because that's the project area that I'm assigned to.

And then I have the option to select an event for which I'd like to collect data. So I select the New Hampshire anthrax event and then I click "next". And so this is the rapid data entry screen.

So the first section is event information which displays the information that I just selected. Patient information and then the countermeasure information. Before I show adding a patient, I'd just like to bring your attention to the patient event identifier.

This is the only demographic section that is required within the CRA system. All of the other fields are configurable by the project area and also can be made required. So I've setup a very basic data entry of last name, first name, and date of birth. And if I wanted to go in and customize this particular screen, I can make any of these fields required or add additional fields.

Another note about the patient event identifier is that it can be typed over. So the system will auto generate a patient event identifier. But if there's a specific ID that's used within your project area, you could type over this and replace it with your patient-specific information.

The next section is the countermeasure information section. And you'll notice it is very minimal data collection. There are only three required fields that display here. And I'd also like to bring attention here to the location.

As I mentioned, as a data entry specialist, I only have access to organizations to which I have been assigned to. And so I cannot see data for any other organizations within the project area because I've only been assigned to the university's health center.

So I'll now go and quickly add a couple of patients. And I'm now tabbing through the screen and I can also use my mouse. For the dispense date, it will default to the current date. But if you are entering data that was collected previously, you can change the date as well.

And then I have two medication products that have been setup for this event that I can select. So I'm going to choose Doxy and I'll click "Save" and add another. So what you'll notice here is that the bottom part of the screen has cascaded or has retained from the last record.

And so this is where the rapid part of rapid data entry comes in. Because if I'm setup in a POD and say there are three different lines that have been setup, express, pediatric, maybe special populations, the data entry specialist, the individual that's entering the patient or client information into the system, can set this up for what they would like.

And then all they need to do is enter in the demographic information. Again, last, first and date of birth are not required, so I could just click "Save" and add another to record that record with that patient event identifier.

And so that's very simple here. Again, this could be configured with as much or as little data entry information as you like. I'd also like to bring attention to the view recently added patient links in the top right-hand corner of the screen.

This will show the last 20 records that were entered for that current section. So if you are entering by data, paper data forms or you may have lost track of which client you've entered into the system, you can go look and view recently added patients and see who has been entered.

From here, you could delete that record or you could also edit the record. But I'm now going to go back to my rapid patient data entry link. And so the next feature that I wanted to show is editing a patient record and also the adverse event data collection.

So from data selection, I can also go to search patient group. Again, my jurisdiction is defaulted to New Hampshire. I have several search criteria that I can choose from. And I will select the event that I'm entering data for now and click "Search".

And then my search results appear according to my filters. You'll also notice here at the bottom of the screen, there's an "Export to Excel" button. So if you did just want to generate a list of patients for that specific criteria without going to the reporting section, you could export that to Excel and then you'd have a list of those specific patients you looked for.

But now I'm going to edit a record for Odessa Anderson. And so from here, this is where the extended patient information is located. As a user, if you're in a POD and you can only collect minimum data. But later on if you'd like to go back and complete that record, this is where edit patients comes in during floor moving times outside of a POD, clinic, or treatment center.

You can then go in and complete a full record for that patient. You can also sort by the specific event. So I've chosen New Hampshire Anthrax event. And it will only show the data entry fields that were configured for that specific event.

And I also have a Countermeasures tab which will list all of the countermeasures that have been administered or dispensed to this particular patient. I can also separate that by the event or I could display all events and then it would list every countermeasure that was administered to that patient.

And then there is a Follow-up tab as well where maybe you want to enter some notes about that particular encounter and you could enter those here.

And so now I'll go back to the Countermeasures tab. And you'll notice the second to last column in this table is adverse events. So on the left-hand side of the screen here, you'll see we have an adverse event menu item. And these two links here, VAERS and MedWatch will direct you to the VAERS and MedWatch website.

And so CRA will allow you to report adverse event information for vaccine using the VAERS form and also medication or products using the MedWatch form. And it will populate that form for you based on the data you've entered into the system.

And so I've switched to view because I've already collected adverse event information for this particular medication. And so CRA will take the data that was previously entered into the system, any new information that you've entered for the MedWatch forum and then it will populate the form which you can printout, mail in or fax to the appropriate agency, you know, the peer data firms and that information is filled in.

And here on the edit is where you would enter all of that additional information that wasn't included on data entry. And this is based off of the MedWatch form. So it's a one-to-one correlation to that form. And so that's adding an adverse event.

I'm now going to switch over to the public health administrator role and show you some of the expanded features that are available for that user. So again, at the very top left-hand side of the screen, you'll see the name of the individual that's logged-in and their role of public health administrator.

As I scroll through the menu items on the left, you'll notice a very expanded list of activities that are available to this user. And again, this user is basically the global administrator or the system administrator for the project area. They can setup the event. They can add users, organizations and they can really control the setup of CRA within their project area.

But what I'm going to go through first is event configuration and search event. So as I mentioned earlier, you can customize forms and you can also add user-defined fields or custom fields to a particular event.

So in this case I'm going to search for my New Hampshire Anthrax event. I can search by the event name, the abbreviation or I could do a blanket search. But since I know that abbreviation I will just type that in.

And this screen shows all the details for this specific event. So the name, the date, when it ends, if there are any particular notes about this event that I'd like to be reminded of, I can put in the description. There's an aggregate group section. For this event, no aggregate groups have been defined.

The countermeasures that have been associated with this event display here. There's also a group dispensing feature or a head-of-household feature in the

system. Patient demographics as I mentioned. You'll notice here the patient event identifier is the only required field here. And then also the jurisdiction or project areas that are associated with the event.

If a national event is being setup that would be created here at CDC and multiple jurisdictions could be assigned to it. But if you're in a project area and you're using CRA for your own local event within your project area, then you can create that and setup for your jurisdiction to participate in. And then no one else is able to view that specific event.

So I'm now going to go to the patient demographic section. And I don't have the New Hampshire Anthrax 2007 Exercise Data Entry form. But one of the fields they had was a screening question of whether you are pregnant or breastfeeding.

And so what CRA allows you to do is to assign custom or user-defined fields. And those are displayed here in the field-type toolbox. You can add the CRA standard fields. You can add a single-line textbox, multiline text box, radio options, dropdown, data, time, and customized to your needs.

But I'm going to add a dropdown list asking pregnant or breastfeeding. And then I have to select the vocabulary. This can also be setup and customized according to the selection that you would like for your project area and that's in a separate section of the system. But because I have them already setup here, the ones I've created displayed.

So I'm going to select "Yes-No". And then I have the option also to say whether I would like one of these to be defaulted or not. And then it's just simple to click "Add". I can preview what my screen will look like before I commit to those changes.

And also as I mentioned earlier, I can make that a required field or not. And again, here you'll see patient event identifier is the only one that cannot be removed from the selected fields.

So I'm going to go ahead and save that change. And now I'm also going to add another countermeasure. One of the other features that CRA supports is multiple countermeasures.

So if you'll recall on the rapid data entry screen in my countermeasure section, I had medication information. But if I also wanted to add vaccinations, medical materials or isolation, quarantine, I could add multiple countermeasures to display on my data entry screen.

Again, that speeds up the entry into the system and also you can track for multiple countermeasures without going in and out of that feature. So I'm going to add a medical material. And the ones that are available to me will display. I could also add one, a brand new one as a public health administrator.

And I'm going to select a surgical face mask and I'll add that to my selected products. And then I'll save. And as you'll see, my confirmation shows that the record was updated.

So I'm now going to show you the new data entry screen with the changes that I've made. So you'll see pregnant-breastfeeding displays here. And now I have two countermeasure sections.

I have the option to choose one is not given or to display both of them. I can assign the organizations. And the same thing would work as far as the cascading is concerned. And so again there you see now this countermeasure information section has been retained.

And so the next thing I'm going to display is import organization. And this is a feature that we got feedback on as being something useful to be able to preload organizations or sites into CRA instead of having to individually enter them one-by-one.

If you already have a list and you know where your PODs are going to be then this also speeds up data entry and setup time. So this feature is also only accessible by the public health administrator. And I'm going to go to data collection and import.

The two import types I have available are organization and patient. Again, my jurisdiction default and I have the option to assign these organizations to an event here or to just preload them into the system as well as select an existing mapping template or create a new one.

And one of the parts of import is that you do have to map what's in CRA to your current file. But once you do it one time you do have the option to reuse. But I'm going to create a new one.

And I'll just call this site list. I then need to browse for my file. Okay, selected delimiter value, so I have a comma-separated file. So I need to select a delimiter value as well as the text qualifier and whether or not there's a header row or not in my file.

So one thing you do need to know with import is you do have to be familiar with the files that you're uploading into CRA. And so I'm then presented with the import field mapping screen. And so here's where I'll map to what's in my file with what's in CRA.

As far as the required fields, a red carrot displays on the side for the ones that have to have data associated within the CRA. And so I'll just start matching up my fields. You'll notice that as I choose a field name, it is removed from the list so I can't double select.

I just hit "Submit" and telephone to phone. And then for any field where I need to map the data as I just mentioned, a little pencil will display and will show me what I need to map. And so the system will attempt to map what's in CRA to what's in your file and you do have the option to change that.

But as you'll see here, I have the correct mapping so I'm just going to go back to my field mapping there. And as you see, map configured is removed. And I will also map my state. So New Hampshire here going to map to a spelled-out New Hampshire. And then I'll save and return.

So here's where I have the option to save and import to create a template or just import it. And I'm just going to import in straight. I'm provided with an import ID that I can search on. Or I can search directly from here. And as you'll see, my records have been imported.

And so now for the final feature that I'll show, I'll show the reporting and demonstrate one of the reports which is the clinic summary report. We've gotten feedback from exercises that this is a useful report as far as providing updates throughout the day at a POD or at a treatment center.

And so what the clinic summary report provides is counts of the countermeasures that have been administered for that specific organization. So as you're going throughout the day, you'd like to know the status of how many countermeasures have been dispensed, what type of countermeasures, you could access this report

and provide that information in real time to those decision makers that may be interested in that information.

I will pick my start date and my end date. It can be just one date or it can be a series of days. And then I will select "View the Report". And this report is also available to a data entry specialist.

So say that they are entering data real time at a POD or a clinic. And you'd like to know what the status is. Again, they can pull this up and display how many countermeasures have been dispensed and also by the lot number. That information was collected as well.

So this report displays that ten, a count of ten for Cipro has been dispensed as well as a count of 39 for Doxy. And so that's just one of the reports that are available in CRA. In addition to the reports, there are extracts as well as a couple of maps that are available.

The extracts are in Excel format and those can be saved to your desktop. You can use them with analysis software drawing this together and things like that and the report breakout as a regular PDF.

And so with that, that concludes the CRA demonstration. As Ben mentioned earlier, if you have any questions at the end, please feel free to share.

And so with that, I'm going to go back to the presentation. And I'll hand it back over to Barb once I get back to the right slide.

Barbara Nichols: **[Slide 15]** Thank you Ulrica. This next slide we're including just to make a point that we have got input from multiple levels of public health as Ulrica said just a

little while ago. From this type of information gathering, these efforts we are noticing like that the reporting feature can be very helpful in a POD situation.

So we've collected information from public health project areas. We've had exercises with a number of different states. We've presented and collected information at conferences and at the Preparedness Summit. There have been focus groups and development work groups for CRA

We've done numerous webinars where we've collected information and on some surveys. And on the CDC programmatic level, we've had pandemic influenza exercises. In fact, some of you may be aware of one that we are planning for October at this time. And also anthrax exercises and radiological as well.

We've worked with a number of different organizations throughout CDC with CRA as we are on this project.

**[Slide 16]** So we would like for you to consider using CRA during an exercise with your project areas. We have a demonstration version which is available for partner tryout.

The website is listed here on this slide. And you will need a login password and you will need to contact the PHIN Help Desk for that information. We've also got the PHIN Help Desk information listed here, the telephone number, the hours and the email address.

I'd also like to let you know that we will be posting the slides from this presentation, a recording of this presentation, a transcript on our CRA webpage. And I believe, let's see. Do we have that? We're going to give you that information on the last slide. So that's where you can find all of the information from today's presentation.

**[Slide 17]** For the CRA team, our contact information is listed here on this slide. Again, I'm Barb Nichols, the CTS Project Lead. We have Michele Renshaw who is our Technical lead. Guy Faler, he's our CRA Development Project Manager and Sarah Waite, who is our CRA Partner Outreach Liaison.

And you heard earlier from Ulrica Andujar who is our Business Analyst.

**[Slide 18]** And on this last slide, as I had mentioned to you, we have our CRA webpage information and our CRA help information should you need to contact us. You can also contact all of us who are mentioned on the previous slide.

I think at this time then we can go ahead and open up the lines for questions. And it looks like we have plenty of time. So if you've got any questions, please speak up.

Coordinator: Thank you. At this time, if you would like to ask a question, please press Star then 1. To withdraw a question, Star then 2. Once again, to ask a question, please press Star then 1. One moment for the first question.

Ma'am I'm showing no questions. If you would like to ask a question, please press Star then 1. We do have a question coming through from (Dennis Jones') line. Your line is open.

Dennis Jones: Hi, my name is Dennis Jones, the State of Georgia. On the patient event identifier, how is that located again when the patient first comes through?

Ulrica Andujar: It's auto generated. If you were to customize for an event, that's the only field that is always going to be a selected field.

Dennis Jones: For that particular event, correct?

Ulrica Andujar: Well for any event. Patient event identifier is always there and required. But you can type over it. If you don't type over it then you just get an auto generated ID.

Dennis Jones: Thank you.

Ulrica Andujar: Yes.

Coordinator: Once again, to ask a question, please press Star then 1. There's a question from Kaitlin Henslee's line. Kaitlin your line is open. Please check your mute button. Your line is open.

Kaitlin Henslee: I'm sorry. This is Kaitlin. I did have my mute button on and I couldn't access it, sorry. I just have a quick question about the data that came out of the exercise where this was used at the POD level.

How did it work? Can we see how it worked? Time wise, how did that affect patients getting their medication?

Barbara Nichols: To which event are you referring?

Kaitlin Henslee: To any of the exercises where this was used.

Ulrica Andujar: Well that's according to the project area. So it's not required that you use the patient data collection piece of it. I'm not sure if I'm answering that correctly.

Kaitlin Henslee: I guess I'm just wondering has this tool been used at a POD level yet?

Ulrica Andujar: Yes.

Kaitlin Henslee: So how did it turn it? Did it affect the time?

Ulrica Andujar: Oh, okay. I see what you're saying.

Kaitlin Henslee: The throughput, right, sorry.

Ulrica Andujar: Oh, okay. Well at least in the exercises that I participated on site, that hasn't always been directly addressed on the throughput. But depending on where you place the data entry, that does have an affect on how you can get patients through the POD.

So one of the features with the synchronization and the connecting of the systems, we did test out linking a laptop at registration and also at the exit of a POD to see if you could register at the beginning and track the countermeasures at the end. And it really just depends on the connection that you have.

So we've only tested that out once. So couldn't definitively say how that impacts throughput.

But we definitely would be willing to work with anyone that would want to go down that road with us. Because we've learned quite a bit from doing some of these exercises with real-time use of the system.

Kaitlin Henslee: Okay, that sounds great, thank you.

Coordinator: At this time I'm showing we have one question from Kevin Christensen, your line is open.

Kevin Christensen: Thank you. This was really impressive. I appreciate you're doing this for us. The question is regarding the system administrator; you talk about project area and I'm not sure exactly what that definition is. But is that anticipated to be the local health department or a state health department?

And then second, does this data remain in the database and is it available then for drawing up or bringing up again on a second event, should there be a second event?

Guy Faler: Yes, hi this is Guy Faler. So project area refers to mostly a state but it could be a major metropolitan area like New York, LA, Chicago, DC or any of the island territories. So basically we have 62 project areas defined on the system. Again, that's the 50 states, four major metropolitan areas and the islands.

Regarding the data, so if you collect data for an event, the data would remain in the system and that should be available for you to use in a subsequent event.

Kevin Christensen: Actually I'm talking about the names of the patients and the information related to the patient, the patient information. Does that remain in the system and you could bring that up on another event?

Guy Faler: Yes, that's correct. Yes and it's up to the project area. And if you require some other different arrangement, then we could probably work with you. And there are multiple ways to use the system.

You could get the code deployed yourself. So if you wanted to stand it up for your whole state, you certainly can do that. In that case, of course, you know, what you do with the data is really up to you.

If you want to leverage the CDC's infrastructure, you know, of course there's the CDC instance of the system and in that case it's hosted for you for free. But you can get access to the system and the data would remain there.

We don't delete data. We have data that's quite old actually going back to, for example, the National Smallpox Preparedness Program. So that data is maintained online. It is secure and you can get access to it at your convenience.

You could also deploy the system standalone at a point of dispensing. So if you had some points of dispensing where you wanted to setup CRA and run some patients through, you could collect the data. And we referenced the synchronization feature a few minutes ago.

So after you collect the data, you could use the synchronization feature to move the data to your central aggregation point for example at your state or it could be back to the CDC. That's basically at your preference. And again, we would work with you on any of those deployment models.

Kevin Christensen: Thank you.

Coordinator: At this time I'm showing two more questions. Our next question is from Dana Grau. Your line is open.

Dana Grau: This is Dana Grau in California. Guy you were talking about synchronization. I was going to ask if there would be visibility of aggregate numbers at increasingly higher levels to avoid the need for querying down to project areas and lower to report this data?

Guy Faler: Yes, I think that's one of the goals. So yes, we would have access to the aggregate data to avoid all that.

Dana Grau: Okay. And the other question that I have is the expectation or goal of this to be able to enter this data real time? Or is the expectation that there will be a timeline? Because, you know, at some of our PODs we're talking about throughputs of thousands of people an hour.

And I'm trying to get a handle on how this is all going to fit together to give you a picture and what kind of time expectations you have at CDC?

Guy Faler: Well maybe Ben or Barb might want to take a stab at that. But I guess my initial thought is that I think the expectation depends on the event. I mean some events are not of interest to CDC.

And in a case like that, the tool is there for your use. And however soon you want to get it in or can get the data in, that's up to you. I think for other events, like H1N1 or some other type of event that CDC may be interested in, we recognize that it's difficult sometimes to gather data.

So the hope is that it's entered as soon as it can be reasonably entered. But we understand that there's usually going to be some kind of timeline there.

Barbara Nichols: Just to add to that, for instance -- this is Barb -- as I described when we did the H1N1 vaccine doses administered reporting, what we required was once-a-week reporting to allow time for that data to be entered and transmitted to CDC.

So we definitely understand that it takes some time to get that information together and to get it into the system.

Dana Grau: Thank you.

Coordinator: At this time, I'm showing we have two questions standing by. Our next question is from Kevin Kovach. Kevin, your line is open.

Kevin Kovach: Hi. I was just wondering, if we wanted to test or exercise the system, how do we go about getting with CDC to help us with that?

Barbara Nichols: Just contact us and we'd be happy to help you with putting a team together. The information we're going to put up on the contact information screen for you here.

And you can contact any of us and we'll correspond with you and work that out.

Kevin Kovach: Okay. You mentioned that you did this in New Hampshire. Were you on site there for that? Or was it through correspondence?

Ulrica Andujar: For the '07 exercise that we used the scenario for, CRA staff was onsite for that. And we had done another exercise with them as well where we were onsite.

And that was the one that I was referencing in regard to having multiple data entry points, testing that out within a POD.

Kevin Kovach: Okay, thanks.

Guy Faler: Yes, there have been occasions where we have come out to observe exercises. And we're certainly happy to do that; whatever assistance we can provide, we're definitely happy to do that.

But one of the goals of the system is that it is that it is easy to use and easy to configure. Also that it is accessible and approachable by everyone. So it's not really a requirement that we come out and help. So we hope that's the case.

And if you wanted to try it out on your own, that's certainly very valuable feedback for us to have, regarding how easy it is to do this setup yourself. But again, we're happy to participate onsite and help out as much as we can.

Kevin Kovach: Okay. It looked pretty easy.

Ulrica Andujar: Okay, we have a question that was sent online. So the question is, "In a real event, could a POD enter aggregate datasets rather than individual data? For example, 820 Cipro, 250 Doxy or 255 H1N1 vaccinations and be reformed"?

And the answer to that is yes. What we didn't show in regards to the aggregate feature is there's a Report Aggregate Count functionality. And so a data entry specialist at an organization or a clinic could log into the system and just enter aggregate counts for their particular organization or clinic site into the system.

And that will be according to whatever the event is and whatever the setup, the aggregate groups that's been configured for that event. So, yes.

Coordinator: At this time, I'm showing one more question on the phone line from Gay Hall. Your line is open.

Gay Hall: During H1N1, when we utilized the series from our state, we had to do dual entry into our local medical record, electronic medical record, which we use in site. Is there a way to link this to a local medical record?

Guy Faler: I think that's possible. I think it's probably a situation where we want to have some direct dialogue with you to examine the two systems or the system you have to figure out how we could do that. But we certainly are open to that.

Gay Hall: Thank you.

Coordinator: At this time, I'm showing no other questions. Oh, we do have one come through for Kevin. Your line is open.

Kevin Christensen: Hi, this is Kevin Christensen. I'm from Utah and I'm sorry I didn't mention that before. But during the summit, Ben and I talked about some information that sometimes he gets requests from senators, or the President, or somebody for specific data. And that filters down to us at the local level.

How would you anticipate if you need a specific piece of information related to how many vaccinations are going to a particular portion of the population for example, how would you anticipate this program being worked?

Would the system administrator get a directive from CDC that says make sure this data field is available on your sheet for every health department to fill out? Or would that be done in a separate system? I would assume it would be this system.

Ben Erickson: Actually that's a great question. It kind of segues into what I was getting at. To answer your question, there's only a predefined set of things that we're going to be asking. You know, it's anybody's guess on what type of information that's going to come down from above saying we didn't need to know this or that.

And during the H1N1 response, we've had to do a lot of pushing back on information that's just not possible to collect. For example, like the high risk groups, where depending on what situation is going on, there's different high risk groups.

And our vision is to try and plan out as far in advance of different high risk groups for different events and have that pre-identified so that would make it easier down the road. It's kind of a hard question to answer.

But there's certain fields based on what we learned from H1N1 that we're always going to be asking. That's inventory numbers at the state, regional, local level, again those high risk groups is probably the more important stuff.

Basically what's been happening is the people up in Washington want to know where everything is. And they want to know who's it going to? Why is it being used and this and that. So we have to filter that and try to find out the best way we can collect it without making the biggest burden on the project areas.

And that's why we wanted to do this demonstration. This is the group that we're working with to develop the inventory management tracking system that's going to replace RITS in the next year.

We are going to be customizing this in a way so that it can be what we learned from H1N1. Basically the good, the bad and the ugly, so to speak, for the stuff that we learned through the different systems and basic information that we received from you in the project area.

Guy Faler: And this is Guy, let me just add a note on the system that hopefully relates to that. So if there's an event like, for example H1N1, where the CDC may request data, what we hope to do is go ahead and configure whatever we think those required data items might be.

Configure those here for the CDC instance of CRA. So in that case, when you access the system, those fields will be marked as required. So when we mentioned previously that the patient event identifier was the only required field, that's just for a new basic event or that's the out-of-the-box default configuration.

But if there's a known event where the CDC is going to be requesting certain data, we will go ahead and set that up for you so you don't have to do that number one. And number two, such that you won't forget to enter it and then be in a difficult situation after the fact.

So again, we hoped by doing that ahead of time it will eliminate some confusion down the road. And I hope that was relevant.

Coordinator: At this time, I'm showing no other questions.

Ben Erickson: Okay, thank you everybody for attending. If you have any questions, you can reach the people up on the screen. If you have any questions regarding the CDC side, you can always email me. We send out the monthly newsletter through the list serv.

There's no real group email list that it goes through, a distribution list. So if you want to keep up-to-date, every month we send it out on what we're working on and where the status is in the development.

And again, if you have any questions, please feel free to reach us. Thank you all for attending and have a good day.

Coordinator: Today's call is concluded. All parties may disconnect.

END